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In this section: Tobacco products rooted in science, FDA public education campaigns are critical to our public health mission. Learn more about current campaigns through these resources. It educates at-risk teenagers about the harmful effects of cigarettes, smokeless tobacco and e-cigarettes/vapes. It prevents the use of tobacco among at-risk young people aged 12-17 who identify with hip-hop culture. Prevents the use of tobacco among young LGBT people (aged 18-24). It encourages adult cigarette smokers (aged 25-54) to quit smoking via support messages that highlight the health benefits of quitting smoking. Health Information The tobacco landscape is changing rapidly. Learn more about the topics the FDA researches and tracks to inform our regulatory policies and protect public health. What you need to know about tobacco products and their ingredients Sign up to receive email updates Back to the best diabetes teachers are critical members of the kidney health care team. Because diabetes is the leading cause of chronic kidney disease (CKD), diabetes educators play a key role in both supporting early detection and slowing down CKD progression. Additionally, diabetes educators often have well-established relationships with patients when they are diagnosed with kidney disease. These existing relationships can enable teachers to be a trusted source of information and support for patients with diabetic kidney disease (DKD). CKD training program for diabetes educators Because diabetes educators can meet many patients with kidney disease, it is important that they have a solid understanding of DKD. To help prepare diabetes educators to solve complications of diabetes, NIDDK has developed a four-four-day training program in collaboration with the Association of Diabetes Specialists. The program includes the implementation of ADCES Practice Advisory for DKD, each of which focuses on a specific aspect of kidney disease management, including identification, slowing progression, resolving complications and educating patients. In addition, the program reviews the content from the perspective of adces 7 self-care behaviors. The contents of the module are available for review below. To earn continuing education points, individuals, especially diabetes educators, can sign up for a course with ADCES. Module 1 – Identification of diabetic kidney disease This module reviews kidney anatomy and physiology and provides an overview of two tests used to identify kidney disease: the estimated glomeruli filtration rate (eGFR) and the ratio of albumin to urine creatinine (UACR). In addition, the module includes diabetes as the main cause of CKD and factors that need to be taken into account when determining whether kidney disease is caused by diabetes. Run interactive module Interactive elements in this module may not work in all browsers. For non-interactive offline training, download this module (PPT, 2 MB) Module 2 – Slowing kidney progression This module covers key disease management factors that slow the progression of DKD, including treatment of hypertension, glycaemic control, efforts to reduce albuminuria and reduce risk factors for cardiovascular disease. The module introduces three case studies and guides participants through key considerations for slowing down progress for each case. Run interactive module Interactive elements in this module may not work correctly in all browsers. For non-interactive offline training, download this module (PPT, 3.05 MB) Module 3 – Complications Complications increase with a decrease in kidney function. This module reviews the identification and management of common complications of DKD, including anemia, hypercalcemia, hypoalbuminemia, metabolic acidosis, and abnormal mineral metabolism and bone disease. The module continues to track case studies, passing participants through the identification and management of complications for each case. Run interactive module Interactive elements in this module may not work correctly in all browsers. For non-interactive offline training, download this module (PPT, 3.82 MB) Module 4 – Kidney Failure Treatment, Patient Education and Course Summary This module covers key issues related to educating patients with DKD, including an overview of the pros and cons of each treatment option for renal failure: hemodialysis, peritoneal dialysis, transplant and supportive therapy without renal treatment. The module ends with a short summary of the four-module program. Run interactive module Interactive elements in this module may not work correctly in all browsers. For non-interactive offline training, download this module (PPT, 3.18 MB) Health Information Aging Well Browse articles on nutrition, stress management and age-related diseases. Browse Health Articles The care cascade model, which has been successfully used to improve HIV and AIDS care, can similarly improve diabetes care, especially in patients who are unaware of their condition. New research has found that nearly a third of American adults with diabetes remain undiagnosed despite the fact that many of them have regular access to care. Researchers believe that looking at a large picture from the cascade of care model, similar to the one that has been successfully used in finding gaps in HIV/AIDS care, can raise awareness of diagnosis, involvement and treatment of diabetes. Read The Best Diabetes Blogs of the Year » Published in the Annals of Internal Medicine, the study looks at data from 2007 to 2012 from the National Health and Nutrition Examination Survey (NHANES). It found that in 2012, an estimated 28.4 million U.S. adults had diabetes. About 30 percent of them - or nearly 8 million Americans - were unaware that they had it. Among diagnosed adults, 95 percent had the usual care provider and 92 percent saw their doctor two more times in the past year. By contrast, among undiagnosed adults, 85% 67 percent reported two or more visits last year. Study co-author Mohammed K. Ali of Emory University told Healthline that the care cascade model is a visual diagram that maps the entire care continuum. This helps doctors see where people's care falls relative to other people with a specific condition, such as diabetes. Do they receive the care they should receive at each point of the care continuum? It's a way of determining who knows who has the disease, who's involved in care and how well they're doing, Ali said. If you notice where the gaps are, that's where you're going to intervene the most. Providers can show patients data and say you're doing well here. You have something blood pressure down, but blood glucose, sugar, and cholesterol are not well controlled. What can we do together to improve this? Check out the Best Diabetes Apps of the Year » Researchers also found that undiagnosed individuals don't engage in their care as much as people who are diagnosed. There's a big missed opportunity in our care system to really take care of people better if we knew about their diabetes status and were tested for their cholesterol levels and were actually treated, Ali said. Between 60 and 65 percent of people diagnosed with diabetes have their sugar or blood pressure controlled, but only about 20 to 25 percent control all three risk factors — blood glucose, blood pressure, and cholesterol. Science over the past few years has shown us that those that have all three controlled are the ones that will do the best in terms of preventing heart disease, kidney disease, and eye disease. Those were the big gaps that we saw, Ali said. If 80 percent of undiagnosed people are affiliated with a care service, and about two-thirds were twice last year in providing care services, why do they remain undiagnosed? The patient's motivation and whether they have insurance may be to blame. It may also be those patients with an undiagnosed disease may come to the doctor for a cold or because their back hurts. It can't ring in the doctor's eye, I should test them for diabetes, said Ali. Read More: FDA Approves Jardiance for Type 2 Diabetes » Studies have shown that undiagnosed diabetes was more common in men and young adults 18 to 44 years old. Young adults can't see themselves as high-risk diabetics, so they can't visit providers regularly or can't buy health insurance immediately after their parent's health insurance ends. The researchers also found that younger adults with diabetes did not do as well as other groups when it came to achieving care goals. As for the future of diabetes care, although the cascade may be a simple drawing, Ali imagines doctors integrating visual representation with their electronic medical records. A cascade of care can then see where their patients are falling and help them continue to improve, concluded Ali. In this way, we can encourage patients to better manage their own health. Read More: Why Are More American Children Getting Type 2 Diabetes? » »

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